



PREVENTING CHILD MALTREATMENT

WHAT IS THE PUBLIC HEALTH PROBLEM?

- Child maltreatment includes fatal and non-fatal physical abuse, neglect (physical, educational, emotional, and/or medical), sexual abuse, emotional abuse (psychological and verbal abuse or mental injury), abandonment, exploitation, and/or threats to harm the child.
- Every year, 850,000 to one million children experience non-fatal child maltreatment.
- Homicide is the fourth leading cause of death for U.S. children ages 1 to 14 years and the second leading cause of death for youth ages 15 to 24 years.

WHAT HAS CDC ACCOMPLISHED?

CDC has funded five state health departments (CA, MN, MI, MO, and RI) to implement three-year cooperative agreements to examine the feasibility of collecting mortality and morbidity data for child maltreatment. The states are comparing alternative approaches to surveillance for fatal and nonfatal child maltreatment and testing methods for measuring the extent of childhood violence. This project will help determine how useful various data sources are in producing more accurate information about the scope and nature of the problem of child maltreatment. Data collection is currently underway.

CDC researchers found that the risk of homicide is greater during infancy than in any other year of childhood before age 17. Study authors found that the first week of life was the period of highest risk and that the vast majority of homicides during this week occurred on the day of birth. The findings, [*Variation in Homicide Risk Over the Course of Infancy, United States, 1989-1998*](#), are published in the CDC's Morbidity and Mortality Weekly Report (MMWR Vol. 50 Issue 9).

CDC has funded the University of South Carolina to implement and evaluate a multi-level parenting program to prevent child maltreatment by improving positive parenting skills. With this \$1.5 million grant, the university is implementing the [*Triple-P: Positive Parenting Program*](#) in communities throughout the state of South Carolina. This is an important step toward understanding the effect parental skill building can have on the problem of child maltreatment.

Example of program in action: Child Sexual Abuse Prevention Collaboratives are being established in three states (GA, MA, MN) to prevent the perpetration of child sexual abuse by focusing on adult and community responsibility for prevention. This will complement existing programs that traditionally focus on victim identification and services, thus building a comprehensive approach to child sexual abuse.

CDC is funding two cooperative agreements to examine the difficulties in engaging and retaining parents at risk for child maltreatment in prevention programs. Purdue University and the University of Oklahoma Health Sciences Center are focusing on reducing attrition and enhancing parental compliance in existing parenting programs. The projects will examine parental attendance, attrition rates, compliance, readiness to change parenting behaviors, parent and child outcomes, and incidents of child maltreatment.

WHAT ARE THE NEXT STEPS?

CDC will continue to identify effective approaches and programs to prevent child maltreatment. Among these approaches, CDC will evaluate efforts to improve positive parenting skills; emphasize research priorities that target ways to prevent perpetration of child maltreatment; and work to increase participation in effective programs.

For more information about this and other CDC programs, visit www.cdc.gov/programs.

February 2003